

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

UNITED STATES DISTRICT COURT

for the

District of Oregon

FILED 19 AUG '24 16:16 USDC-ORP

Portland Division

Randal Scot LENTZ

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No. 3:24-CV-1365-SI
(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☒ Yes ☐ No

-v-
PHYSICIAN'S INSURANCE, A MUTUAL COMPANY
JEFF CLEMENS, THE OREGON CLINIC²

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

RANDAL SCOT LENTZ
2121 S.E. Belmont St. #127
PORTLAND, MULTNOMAH
OR 97214
941 350 6952
Randal.S.Lentz@comcast.net

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

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Defendant No. 1

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

PHYSICIANS INSURANCE,
A MUTUAL COMPANY
601 UNION STREET, SUITE 500
SEATTLE
WASHINGTON 98101
206 343-7300

Defendant No. 2

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

~~JEFF~~ JEFF CLEMENS
SENIOR CLAIMS REP
601 UNION STREET SUITE 500
SEATTLE
WASHINGTON 98101
206-757-6242

Defendant No. 3

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

THE OREGON CLINIC
541 NE 20TH AVE SUITE 225
PORTLAND, MULTNOMA
OREGON 97232
503 963 2825

Defendant No. 4

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

MEDICAL INSURANCE FRAUD
FELONY

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, (name) RANDAL SCOT LENTZ, is a citizen of the
State of (name) OREGON

b. If the plaintiff is a corporation

N/A
The plaintiff, (name) ~~PHYSICIAN'S INSURANCE~~, is incorporated
under the laws of the State of (name) WASHINGTON / OREGON
and has its principal place of business in the State of (name)

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)**a. If the defendant is an individual**

The defendant, (name) JEFF CLEMENS, is a citizen of
the State of (name) WASHINGTON / OREGON. Or is a citizen of
(foreign nation)

b. If the defendant is a corporation

The defendant, (name) PHYSICIANS INSURANCE is incorporated under the laws of the State of (name) WASHINGTON, and has its principal place of business in the State of (name) _____.

Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

~~\$1,000,000.00~~ \$10,000,000.00
COWE TEN Million

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

BEING MISLED, LIED TO ME ABOUT EVERYTHING.
LIED ABOUT HAVING A MEDICAL WITNESS. LED
ME ON FOR MONTHS.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

THE TIME THAT WAS WASTED CAUSED
INCREASED PAIN & SUFFERING. MORE NERVE
DAMAGE (IRREVERSIBLE). PERMANENT INJURY
MENTAL & PHYSICAL DAMAGE, HAVE
BECOME BECAUSE OF TIME. FINANCIALLY DAMAGED

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THESE PEOPLE HAVE BEEN TREATING ME
 LIKE ~~THE~~ THE DEFENDANT/CRIMINAL. ITS A HORRIBLE
 GAME THEY PLAY. I FEEL THE RESPONSIBILITY TO
 EDUCATE OTHERS THRU THIS PROCESS
 THEY HAVE BROKEN THE LAW. IT MUST END

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

August 12 2024

Signature of Plaintiff

Printed Name of Plaintiff

RANDAL SCOT LENTZ

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address